cation No. (if known): 10/535,474

Attorney Docket No.: 63419(52171)

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Fee Transmittal (1 page)

Request for Continued Examination Transmittal (1 page)

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (2

pages)

English language translation of Germany Application No. 102 55 681.4

and 103 27 472.3

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Effective on 12/08/2004.						
s pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)						
FEE TRANSMITTAL						

For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT 905.00

Complete if Known					
Application Number	10/535,474-Conf. #4298				
Filing Date	May 17, 2005				
First Named Inventor	Wolfgang Richter				
Examiner Name	J. R. Kosack				
Art Unit	1626				
Attorney Docket No.	63419(52171)				

METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Other (please identify):								
x Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP								
For the above-identi	fied deposit	account, the D	irector is he	reby authorize	ed to: (check	(all that apply)		
X Charge fee(s)	indicated be	elow		Charge	e fee(s) indi	cated below, e	xcept for th	e filing fee
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH	, AND EXA	MINATION FE	ES		,			
	FILIN	IG FEES	SEAR	CH FEES	EXAMIN	ATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entity Fee (\$)
Fee Description Each claim over 20 (including Reissues) 50								
Each independent claim over	•	,					200	25 100
Multiple dependent claims	`	,					360	180
Total Claims Extra	Claims	Fee (\$)	Fee Paid	d (\$)	<u>Mu</u>	Itiple Depend	ent Claims	
20 - 20 =	x _				Fee	(\$)	Fee Paid (\$)
HP = highest number of total clai	ms paid for, if g	greater than 20.						_
		Fee (\$)	Fee Paid	d (\$)				
HP = highest number of indepen		d for if greater tha	un 3					
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
	tra Sheets	/50 =		tional 50 or fractional up to a who			<u>Fee I</u>	Paid (\$)
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 395.00 2253 Extension for response within third month 510.00								
2253 Extension for response within third month 510.00								

SUBMITTED BY							
Signature	V	/ V	$\overline{}$	Registration No. (Attorney/Agent)	33,860	Telephone	(617) 517-5557
Name (Print/Type)	Peter F. b	orless		· · · ·		Date	September 27, 2007



FEE SUMMARY SHEET

Transmittal -- Request for Continued Examination (RCE)

Date:

September 27, 2007

Time:

4:17 PM

Docket:

63419(52171)

Filing Date:

May 17, 2005

Application No:

10/535,474

Total Fee:

\$ 905.00

Code	Amount	37 CFR	Fee Description	Listed on
2801	395.00	1.17(e)	Request for continued examination (RCE) (see 37 CFR 1.114)	Fee Transmittal (PTO SB-17)
2253	510.00	1.17(a)(3)	Extension for response within third month	Fee Transmittal (PTO SB-17)